

(Affix Patient Label)

Name.....

Date of Birth : []/[]/[] M/ F

NHS No : [] [] [] [] [] [] [] []

Hospital No : [] [] [] [] [] [] [] [] [] [] [] []

Consultant Ward.....



**Worcestershire
Acute Hospitals**
NHS Trust

ALTERED AIRWAY:

LARYNGECTOMY CARE PATHWAY

This Care Pathway has been developed by a multidisciplinary team. It is intended as a guide to care and treatment, and an aid to documenting patient progress. The Care Pathway document is designed to replace the conventional medical and nursing clinical record.

All healthcare professionals are of course free to exercise their own professional judgment when using this care pathway. However if the Care Pathway is varied from for any reason, the reason for variation and subsequent action taken must be documented on the multidisciplinary progress notes.

All patients with an altered airway will be nursed in designated ward areas across the Trust:
Head and Neck for surgical patients at WRH
Acute Respiratory Unit for respiratory patients at WRH
Medical High Care for medical patients at WRH
Ward 5 for patients at Alexandra Hospital

For information regarding laryngectomy Competency please contact Mirjana Rasovic Speech & Language Therapist Ext/ bleep 425 or Catherine Ball Head and Neck CNS Ext 39151.

Any comments/problems regarding completing this Care Pathway please contact Catherine Ball Bleep 694 or ext. 39151.

Approved at:

Approved by:

Guidelines referred to when developing this Care Pathway:

1. WAHT-H&N-001 Management of Patients with a Laryngectomy
2. WAHT-KD-022 Management of patients with tracheostomy tubes within Worcestershire Acute Trust
3. WAHT-H&N-004 Adult Altered Airway Patients-Discharge Guideline

Supporting Documentation

- WAHT-H&N-001 Management of Patients with a Laryngectomy

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Surgery

Operation	YES	NO	N/A	Signature & date
Laryngectomy performed (total or salvage laryngectomy)				
Tracheostomy tube type: Size/ length: Cuff status:				
Primary puncture present				
Foley catheter in TEP				
Balloon inflated with 2 mls H2O				
Contrast swallow booked: Primary laryngectomy (day 7)/ Salvage laryngectomy (day 10)				
Return to Head and Neck ward				

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MULTI-DISCIPLINARY PROGRESS NOTES
Please use this sheet to document any additional communications required to ensure appropriate care for patient

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		Day	Night	Signature & date
Airway	<ul style="list-style-type: none"> • Tracheostomy tube care • Assess chest status • Oxygen & Humidification • Saline nebulisers 			
Stoma	<ul style="list-style-type: none"> • Monitor surgical site • Identify whether primary puncture present. 			
Medication	<ul style="list-style-type: none"> • Review pain control • Ensure medication in liquid formulation. 			
Medical Interventions	<ul style="list-style-type: none"> • IV access & IV fluid prescription 			
Nutrition	<ul style="list-style-type: none"> • Identify feeding route (PEG/NGT/TEP) • Commence as per dietetic feeding regime or emergency if not reviewed. 			
Swallowing	<ul style="list-style-type: none"> • NBM • Encourage Saliva swallows avoiding oral suction. 			
Communication	<ul style="list-style-type: none"> • Provide patient with method of communication. 			
Output	<ul style="list-style-type: none"> • Monitor drains • Check catheter if present • Monitor fluid balance. 			
Physiotherapy	<ul style="list-style-type: none"> • On request 			
Psychological health	<ul style="list-style-type: none"> • Monitor mood & sleep 			

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Post op Day 1

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">Following surgical clearance change tracheostomy tube for non-fenestrated laryngectomy tube (length 55 diameter as per patient)Oxygen & humidificationRegular saline nebulisers.			
Stoma	<ul style="list-style-type: none">Monitor for wound breakdownMonitor any bleedingCheck position of Foley catheter in TEP monitoring for pressure damage & alternate side.			
Medication	<ul style="list-style-type: none">Review Pain ControlReview and monitor route			
Medical interventions	<ul style="list-style-type: none">Discontinue IV fluidsFBC U&E's bone profilerefeeding bloods if necessary.			
Nutrition	<ul style="list-style-type: none">Review tolerance of & follow dietetic regime.			
Swallowing	<ul style="list-style-type: none">Continue NBMEncourage Saliva swallows avoiding oral suction.			
Communication	<ul style="list-style-type: none">Commence mouthing refer to SLT.SLT gain consent to register with home delivery company.			
Output	<ul style="list-style-type: none">Following medical review remove drain if output <30mls in 24hrs.Remove CatheterMonitor fluid balance			
Physiotherapy	<ul style="list-style-type: none">Sit out/mobilise if appropriate.Neck & shoulder exerciseChest assessment.			
Psychological Health	<ul style="list-style-type: none">Monitor mood & sleepRefer to H&N counsellor if required.			

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Post op Day 2

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">• Laryngectomy tube care• Wean off oxygen• Humidification & Nebulisers.			
Stoma	<ul style="list-style-type: none">• Monitor for wound breakdown• Monitor any bleeding• Check position of Foley catheter in TEP monitoring for pressure damage & alternate side.			
Medication	<ul style="list-style-type: none">• Review Pain Control• Review and monitor route			
Medical Interventions	<ul style="list-style-type: none">• Review IV fluids if continued.• Bloods if required			
Nutrition	<ul style="list-style-type: none">• Review tolerance of & follow dietetic regime.			
Swallowing	<ul style="list-style-type: none">• Continue NBM• Encourage Saliva swallows avoiding oral suction.			
Communication	<ul style="list-style-type: none">• As per day 1			
Output	<ul style="list-style-type: none">• Following medical review remove drain if output <30mls in 24hrs.• Monitor urine & bowels			
Physiotherapy	<ul style="list-style-type: none">• Continue mobilization.• Monitor chest status.			
Psychological Health	<ul style="list-style-type: none">• Monitor mood & sleep• Refer to H&N counsellor if required.			

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Post op day 3

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">• Laryngectomy tube care• Wean off oxygen• Humidification & Nebulisers.			
Stoma	<ul style="list-style-type: none">• Monitor for wound breakdown or salivary leaks• Monitor any bleeding• Check position of Foley catheter in TEP monitoring for pressure damage & alternate side.• Educate and encourage patient in stoma care-provide discharge booklet & commence training.			
Medication	<ul style="list-style-type: none">• Review Pain Control• Review and monitor route			
Medical Interventions	<ul style="list-style-type: none">• Bloods if required			
Nutrition	<ul style="list-style-type: none">• Review tolerance of & follow dietetic regime.			
Swallowing	<ul style="list-style-type: none">• Continue NBM• Encourage Saliva swallows avoiding oral suction.			
Communication	<ul style="list-style-type: none">• As per day 1 & 2			
Output	<ul style="list-style-type: none">• Review drains if not already removed & remove.• Monitor urine & bowels			
Physiotherapy	<ul style="list-style-type: none">• Continue mobilisation.• Monitor chest status.• Encourage independent chest clearance• Consider aims for discharge planning			
Psychological Health	<ul style="list-style-type: none">• Monitor mood & sleep• Refer to H&N counsellor if required.• Patient engaging in stoma care			

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Post op Day 4

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">• Laryngectomy tube care• Off oxygen• Humidification & Nebulisers			
Stoma	<ul style="list-style-type: none">• Monitor for wound breakdown or salivary leaks• Monitor any bleeding• Check position of Foley catheter in TEP monitoring for pressure damage & alternate side.• Educate and encourage patient in stoma care			
Medication	<ul style="list-style-type: none">• Review Pain Control• Review and monitor route			
Medical Interventions	<ul style="list-style-type: none">• Bloods if required			
Nutrition	<ul style="list-style-type: none">• Review tolerance of & follow dietetic regime.			
Swallowing	<ul style="list-style-type: none">• Encourage Saliva swallows avoiding oral suction.			
Communication	<ul style="list-style-type: none">• As per day 1 & 2			
Output	<ul style="list-style-type: none">• Monitor urine & bowels			
Physiotherapy	<ul style="list-style-type: none">• As per day 3			
Psychological Health	<ul style="list-style-type: none">• As per day 3			

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Post op Day 5

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">• Laryngectomy tube care• Off oxygen• Humidification & Nebulisers			
Stoma	<ul style="list-style-type: none">• Monitor for wound breakdown or salivary leaks• Check position of Foley catheter in TEP monitoring for pressure damage & alternate side.• Educate and encourage patient in stoma care• HME cassettes and encourage independence in use.			
Medication	<ul style="list-style-type: none">• As per day 4			
Medical Interventions	<ul style="list-style-type: none">• As per Day 4			
Nutrition	<ul style="list-style-type: none">• As per Day 4			
Swallow	<ul style="list-style-type: none">• As per day 4			
Communication	<ul style="list-style-type: none">• As per day 4			
Output	<ul style="list-style-type: none">• As per day 4			
Physiotherapy	<ul style="list-style-type: none">• As per day 4			
Psychological Health	<ul style="list-style-type: none">• As per day 4			

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Post op Day 6

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">• Laryngectomy tube care• Humidification & Nebulisers			
Stoma	<ul style="list-style-type: none">• As per day 4• Alternate removal of clips• Monitor for wound breakdown or salivary leaks			
Medication	<ul style="list-style-type: none">• As per day 4			
Medical Interventions	<ul style="list-style-type: none">• Review for clip removal			
Nutrition	<ul style="list-style-type: none">• Review tolerance of & follow dietetic regime.			
Communication	<ul style="list-style-type: none">• As per day 4			
Output	<ul style="list-style-type: none">• As per day 4			
Physiotherapy	<ul style="list-style-type: none">• As per day 4			
Psychological Health	<ul style="list-style-type: none">• As per day 4			

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Post op day 7

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">As per day 5			
Stoma	<ul style="list-style-type: none">Remove remaining clipsMonitor for wound breakdown or salivary leaksCheck Foley catheter and alternate position.			
Medication	<ul style="list-style-type: none">As per day 4			
Medical Interventions	<ul style="list-style-type: none">Review remaining clips for removalContrast swallow (if primary surgery)			
Nutrition	<ul style="list-style-type: none">Review tolerance of & follow dietetic regime.			
Swallow	<ul style="list-style-type: none">Review results of contrast swallow for primary laryngectomy (not salvage)Commence sterile water if nil surgical concerns or no leak identified			
Communication	<ul style="list-style-type: none">As per day 4			
Output	<ul style="list-style-type: none">As per day 4			
Physiotherapy	<ul style="list-style-type: none">As per day 4			
Psychological Health	<ul style="list-style-type: none">As per day 4			

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Post op Day 8

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">• Aim for trial without laryngectomy tube & explore alternative equipment as per SLT advice.• Continue humidification & nebulisers.			
Stoma	<ul style="list-style-type: none">• Change foley catheter if required.• Monitor for signs of wound breakdown.			
Medication	<ul style="list-style-type: none">• If primary laryngectomy Introduce oral medications			
Nutrition	<ul style="list-style-type: none">• Review tolerance of & follow dietetic regime. If primary laryngectomy: <ul style="list-style-type: none">• introduce oral supplements			
Swallow	If primary laryngectomy: <ul style="list-style-type: none">• Commence free fluids if nil surgical concerns• Monitor for signs of difficulty If salvage laryngectomy: <ul style="list-style-type: none">• NBM			
Communication	<ul style="list-style-type: none">• Encourage mouthing• For non TEP; introduce electrolarynx or alternative forms of communication			
Output	<ul style="list-style-type: none">• As per day 4			
Physiotherapy	<ul style="list-style-type: none">• Monitor chest status.• Continue promotion of independence.• Discharge planning, stair assessment/walking aids.			
Psychological Health	<ul style="list-style-type: none">• As per day 4			

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Post op Day 9

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">Continue to trial laryngectomy tube removal and use of alternative equipment in daytime.Continue humidification & nebulisers.			
Stoma	<ul style="list-style-type: none">Monitor for wound breakdownEncourage independent stoma care.			
Medication	If primary Laryngectomy: <ul style="list-style-type: none">Monitor tolerance of oral medications			
Medical Interventions.	<ul style="list-style-type: none">Bloods if required.Review stoma sutures.			
Nutrition	If Primary laryngectomy: <ul style="list-style-type: none">monitor oral intake & keep food chartReview dietetic plan & reduce enteral feed, as per dietetic input.Continue oral supplements if indicated If Salvage laryngectomy: <ul style="list-style-type: none">Continue feeding regime as per dietetic input.			
Swallow	If Primary laryngectomy: <ul style="list-style-type: none">Monitor for tolerance of oral intake.Commence level 0 & level 4 diet If salvage laryngectomy: <ul style="list-style-type: none">NBM			
Communication	<ul style="list-style-type: none">Encourage mouthingFor non TEP; introduce electrolarynx or alternative forms of communication			
Output	<ul style="list-style-type: none">As per day 4			
Physiotherapy	<ul style="list-style-type: none">As per day 8			
Psychological Health	<ul style="list-style-type: none">As per day 4			

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Post op Day 10

		Day	Night	Signature & date
Airway	<ul style="list-style-type: none">As per day 9			
Stoma	<ul style="list-style-type: none">Remove stoma suturesMonitor for wound breakdown.			
Medication	If primary laryngectomy: <ul style="list-style-type: none">Monitor tolerance of oral medications.			
Medical Interventions	If salvage laryngectomy: <ul style="list-style-type: none">Contrast swallow			
Nutrition	<ul style="list-style-type: none">If oral intake safely established, stop enteral feed.Follow dietetic recommendations			
Swallow	If Salvage laryngectomy: <ul style="list-style-type: none">Review results of contrast swallow.Commence sterile water if nil surgical concerns & follow timeline as per non salvage case. If primary laryngectomy: <ul style="list-style-type: none">If tolerating level 4, progress onto level 6 food texture			
Communication	<ul style="list-style-type: none">Fit voice prosthesis providing oral intake safely establishedCommence SVR training & vocalization technique			
Output	<ul style="list-style-type: none">Consider removal of NG (if applicable)			
Physiotherapy	<ul style="list-style-type: none">As per day 8			
Psychological Health	<ul style="list-style-type: none">As per day 4			

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